

FEDERAL FISHERIES APPLICATION FORM

PACIFIC ISLANDS REGION
NATIONAL MARINE FISHERIES SERVICE
1601 Kapiolani Blvd., Suite 1110
Honolulu, HI 96814-4700
Ph: (808) 944-2200, Fax: (808) 973-2941

OMB NUMBER: 0648-0490
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For Office Use
Reviewed _____
Issued _____
Transmit _____

PLEASE PRINT RESPONSES

American Samoa Pelagic Longline Limited Access Program
Limited Entry Permit Application

Version: 9/23/05

Initial permit qualification requires U.S. national or U.S. citizen status. Please initial if you are either of the two: _____

Please check the appropriate box: [Non-Refundable Application Processing Fee: **\$35.00**, payable by check or money order to: Department of Commerce, NOAA. Charged for all permit transactions unless otherwise noted below]

- ☐ **Initial Permit application** or Additional Permit Issuance (Please indicate vessel size classification):
☐ **A** = 40' or less ☐ **B** = 40.1' – 50' ☐ **C** = 50.1' – 70' ☐ **D** = 70' or larger
- ☐ **Registration of vessel** to initial permit or re-registration (applies to vessels which have been sold or sunk): [No application processing fee charged for registration of vessel to existing permit]
- ☐ **Permit transfer** (for permits registered to vessels of size Class **A, B, C, and D**)
☐ Family member ☐ Community organization ☐ Person with documented participation in the American Samoa longline fishery (participation in vessel size Class A for Class A only)

NAME: _____
(Print first and last names, or name of community organization)

- ☐ **Permit Upgrade** (Only for permit holders with Class A permits. Please indicate vessel class size to which you are upgrading):
☐ **B-1** = 40.1' – 50' ☐ **C-1** = 50.1' – 70' ☐ **D-1** = 70' or larger
[Retired permit number: _____] **NOTE:** This option expires 07/31/2009

VESSEL NAME: _____ VESSEL REGISTRATION NUMBER: _____

VESSEL OWNER: _____ SOCIAL SECURITY NUMBER: _____
(First and Last Name)

Privacy Act Statement: Federal Regulations (at 50 CFR Part 660) authorize collection of this information. This information is used to verify the identity of the applicant(s) and to accurately retrieve confidential records related to federal commercial fishery permits. Disclosure of the Social Security Number is mandatory in accordance with the Debt Collection Act (31 USC 7701).

NAME OF CORPORATION OR PARTNERSHIP THAT OWNS THE VESSEL: _____
(Please use Supplementary Information Sheet to list names and addresses of owners, partners or officers)

BUSINESS ADDRESS: _____, _____, _____, _____
(Number, street, apt.) (City/Village) (State) (Zip)

BUSINESS PHONE: _____ HOME PHONE: _____ FAX: _____
(Please include the area code for each number)

VESSEL CAPTAIN: _____ SOCIAL SECURITY NO.: _____
(First and Last Name)

CAPTAIN'S MAILING ADDRESS: Note: **If it is the same as the owner's business address, please check ☒ here** ☐

_____, _____, _____, _____
(Number, street, apt.) (City/Village) (State) (Zip)

PERMIT APPLICANT: _____ DATE: _____
(Print first and last name) (Signature)

Initial/new/lost permits and permit renewals: Owner fills out "Permit Applicant" information above
Permit transfers: The current owner fills out "Permit Transferor" information below, while the individual taking over the permit fills out the "Permit Applicant" information.

PERMIT TRANSFEROR: _____ DATE: _____
(Current owner) (Print first and last name) (Signature)

PERMIT NUMBER OF PERMIT WHICH IS BEING TRANSFERRED AWAY: _____

Please submit a copy of the vessel's current U.S. Coast Guard Certificate of Documentation (documented vessel) or registration certificate from the state/territorial agency (undocumented vessel) along with this form.

American Samoa
Pelagic Longline Limited Access Program
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SUPPLEMENTARY INFORMATION SHEET

Company/Corporation officers, owners, or partners:

NAME

MAILING ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Check boxes are for office use only:

- ☐ Previous ownership of longline vessel (prior to March 21, 2002): USCG COD _____ or AS Vsl Reg. _____
- ☐ Vessel used to legally harvest Pacific pelagic management unit species with longline gear in the EEZ around American Samoa, and those fish were landed in American Samoa, at some time on or prior to March 21, 2002
- ☐ Currently owned vessel length of 40' or less
- ☐ Current Protected Species workshop certification
- ☐ AS Fished: _____

Documented Evidence of Work on AS Longline Fishing Vessel:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 45 minutes for American Samoa longline limited access initial permit issuance, renewal, transfer or upgrade. Send comments regarding this burden estimate and any other aspects of this collection of information, including suggestions for reducing this burden, to Pacific Islands Region Office Administrator, NMFS 1601 Kapiolani Blvd., Suite 1110, Honolulu, Hawaii 96814.

This information is being collected to ensure accurate and timely records about the persons licensed to participate in fisheries under Federal regulations in the Western Pacific Region. This will enable NMFS and the Western Pacific Fishery Management Council to (a) determine who would be affected by changes in management; (b) inform license holders of changes in fishery regulations; and (c) determine whether the objectives of the fishery program are being achieved by monitoring entry and exit patterns and other regulatory changes on person in the regulated fisheries as well as in related fisheries. Responses to the collection are required to obtain the benefit of a license for the fishery involved (ref. 50 CFR 560.13). Data provided concerning the vessel and/or business of the respondents are handled as confidential under the Magnuson-Stevens Fishery Conservation and Management Act (Sec. 402 (b)). Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Numbers.

Instructions for the American Samoa Longline Limited Entry Permit Application

Please print legibly. Difficult to read responses may delay processing of the permit.

1. U.S. national or citizen status: Please write your initials if you are a U.S. national or citizen. If you are not a U.S. national or citizen, you cannot qualify for this permit.
2. Application type: Please check only one of the following boxes: Initial Permit application, Registration of vessel, Permit transfer, or Permit upgrade. If you are applying for a permit transfer, please read instruction 10 below.
 - a. For Initial Permit application, please check which size class your qualifying vessel fits. The qualifying vessel is the vessel you used and owned when you fished using longline around American Samoa before March 22, 2002. Please check only one vessel size class box.
 - b. For Permit transfer, please check the box that indicates whether the transfer is to a 1) family member, 2) community organization, or 3) a person who participated in the American Samoa longline fishery. Please print the name of the person or organization.
 - c. For Permit upgrade, please check the vessel size class to which you intend to upgrade.
3. Vessel name, Vessel registration number: please print the name and the official USCG documented number or territory registration number of the vessel that you are registering to your permit.
4. Vessel owner and Social Security Number: please print for the owner of the vessel.
5. Name of corporation: if a corporation or partnership owns the vessel, please print the name of the corporation, company or partnership here. Please do not forget to complete the Supplementary Information Sheet listing owners and partners and their addresses on the back of the permit application form.
6. Business address: please print your current business address. It is important to provide accurate information so you can receive the permit without delay.
7. Vessel captain and Social Security Number: please print the vessel operator's name and his or her Social Security Number.
8. Captain's mailing address: please print the vessel operator's mailing address. If it is the same as the vessel owner, please check the box.
9. Permit applicant: It is important to print your name (the applicant), write your signature, and the date you signed the application.
10. Permit transferor: If you are transferring the permit to someone else, you only need to print your name, write your signature, and print the date here. Print your original permit number here. *(The person who is applying for the permit transfer and who will receive the permit, will need to complete the rest of the application and sign as the applicant.)*
11. Supplementary Information Sheet: please complete if the vessel is owned by a corporation, company or partnership. You should list the names of owners of the vessel and their mailing addresses.

Thank you!

Please mail the complete application, with a check or money order for the permit processing fee (\$35, payable to: *Department of Commerce, NOAA*) and copies of any appropriate documents, to the Pacific Islands Regional Office at the address below. Or, you can submit the application to the NMFS Pacific Island Region American Samoa Field Office, c/o American Samoa Department of Marine and Wildlife, Fagatogo, American Samoa.

National Marine Fisheries Service
Pacific Islands Regional Office
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ATTN: Permits